المعتار المو

Under the Paperwork Reduction Act of 1805, no persons are required to respond to a collection of intermised trees to applying a rest of the papers of the pa										
Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							NTITY	OR	OTHER SMALL	
	FOR	MUMBI	MUMBER FILED		NUMBER EXTRA		FEE	l	RATE	FEE
	SC FEE CFR 1.16(b)						•	OR		•
101	AL CLANUS CFR LIGGE)	25	minus 20	5	· 5			OR	x 8 •	90
DED	EPENDENT CLAD CFR 1.16(b))	5 5	strus 3		. 2			OR	x \$=	168
MATIPLE DEPENDENT CLAMPRESENT (37 CFR 1.16(4))						+3		OR	+1	
"If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL										
CLAIMS AS AMENDED - PART II										
1	HR165	(Column 1)			(Column 2) (Column 3)		ENTITY	OR	OTHER SMALL	
٧	10147	CLAMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADOS TIONAL FEE
AMENDMENT	Total grown Litters	2	Manus	25	-1	X 8 •		OR	x s=	
2	Independent prom LNDS	• 4	Minus	- 5	-	x 8 >		OR	K 8	
Æ		ATION OF ME TIPL	E DEPENDE	OU CIVIN CILCL	R 1.10(3)	+1 .		OR	+8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(8))						TOTAL ADO'L FEE		OR	TOTAL ADDL FEE	
olda										
1	10100.	(Column 1) CLASSE		(Column 2) HIGHESY	(Column 3)			1	RATE	ADCI-
H B		REMAINING AFTER		PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RAIE	TIONAL FEE
VE.	Total	AMENOMENT	Minus	25°	- 1	x \$ •		OR.	x 6	
Ž	(27 CFR 1.16(th) Independent	·~	Minus	-3	•	x		OR	x s=	
AMENDMENT	GFOR LINDS		ا مدود بعد عام معام	INTO ANY EDG	PR 1.565(1)	+4 -		OR	+6	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (IF CPR 1.14(4))						TOTAL		OR.	TOTAL ADD'S FEE	
Ш	011105	(Column 1)	,	(Column 2) HIGHEST	(Catumn 3)		4571	1	96**	ADD1-
2		REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE	j	RATE	TIONAL FEE
MENT	Total	* 17	Minus	25	- 0	x 5*		OR.	x 5e	
ENO.	GF GFR 1.11(c)) Sedependent (32 GFR 1.11(c))	· 4	Minus	" 5	•	× 8•	·	OR	× 8=	
AME		ATION OF MES TON	E DEPEND	D/7 GLAM (97 G	SR LINGS	.,		OR		
PRIST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (07 CFA LING)						TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
۱.	د ها بعضم جيوان د	nturn 1 ie lese St	en the entr	y in column 2, wi	ie Vir in column	1		<i>-</i>		
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. **If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "3". **If the "Highest Number Previously Peld For" BY THIS SPACE is less than 3, enter "3". ***If the "Highest Number Previously Peld For" BY THIS SPACE is less than 1, enter "3".										

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO. Time will very depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments including gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the arrangement of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need existence in completing the form, cell 1-800-PTO-9199 and exted option 2.